

Defined Contribution Risk Adjuster Board Minutes

State Office Building Room 3112

Approved

August 30, 2011

Attendees: Jim Pinkerton, *Regence*; Dave Jackson, *First West Benefit Solutions*; Mark Brown, *SelectHealth*; Mark Andrews, *OLRGC*; Tomasz Serbinowski, *UID*; Sue Watson, *OCHS*; Patty Connor, *OCHS Director*; John Borer, *PEHP*; Nancy Askerlund, *UID*; Tanji Northrup, *UID*; Laura Picciuca, *bSwift*; Norman Thurston, *State*; Annie Huebner, *bSwift*; Rich Gallun, *bswift*; Sean Clavard, *bswift*; Mike Glantz, *bswift*; Don Garlitz, *bswift*; Shelley Braun, *UHP*; Lincoln Nehring, *Voices for Utah Children*

Kim Miller, *United Health Care* (via telephone); Frank (via telephone); Lorraine Mayne, *Milliman* (via telephone)

- I. Meeting called to order at 1:15 p.m.
- II. Change in meeting minutes from 7/26/2011.
 - a. IX-c-ii on the 7th page
 - i. Removed “Jim will send information out to the carriers and they have done calculations in the past”
 - b. X-a on the 7th page
 - i. Removed “Norm Thurston and Tomasz Serbinowski will not be attending”
- III. Patty Conner from OCHS gave an update regarding the OCHS Exchange
 - a. Rich Gallun with bswift announced Don Garlitz as the new general manager in Exchange business in Utah. Don will be working closely with OCHS. Rich also introduced Sean onto the bswift team who will be charge of delivering shopping and enrollment for users.
 - b. Exchange Counts
 - i. 165 Employer groups on the Exchange, 1483 employees covered and 4206 covered lives
 - c. Agent Training
 - i. OCHS has done agent training courses in Ogden, Orem, St. George, and Salt Lake City. They have also gone to 5 different agencies for the training courses. (Around 120 agents have been trained)
 - ii. OCHS is piggy backing training with the Department of Health regarding the UPP program per house bill 128. All agents selling on the Exchange have to have attended the UPP training course. The new training is different than what was done earlier this year. The new training is focused on what OCHS has done and what has been updated.
 - d. The process of rolling out eHealthApp to all producers.

- i. Groups will no longer need to complete an employer application, rather just their employer registration.
 - ii. Once group is submitted, they are immediately sent to the carriers in the eHealthApp portal.
 - iii. The group is then sent back to eHealthApp portal with the Individual and Group Risk Factors and a tolerance test is automatically run.
 - iv. Mediator, if needed, is assigned automatically.
 - v. This process saves time and accuracy. Turn-around time is much quicker than in the past. This was tested and rolled out to production in July and is working well.
 - vi. Still working on “notepad” process for inter-communication for carriers.
 - vii. Individual Risk Factor upload is not yet completed but will be done in October.
 - viii. Kim Miller’s group will discuss further the ongoing administration for new hires and life status events.
- e. Enhancements with bswift
 - i. Working on a procedure when a group gets to the phase they select their Defined Contribution amounts. There will be a button to open the enrollment for the group instead of a phone call or ticket to bswift. Button allows instantaneous set up once the defined contribution and default plans are in place.
 - ii. 75% participation check process updates being done.
- f. Timeline
 - i. Took out manual processes to get the timeline down to 60 days.
 - ii. January effective date timeline will be longer due to the holidays (about 75 day timeline).
 - iii. From where we were, significant changes have been made. New processes have to happen all together as they affect other vendor’s processes.
 - iv. Concerns prior to eHealthApp were not enough time and incomplete information submitted. With the change to eHealthApp, this responsibility is pushed on the agents. Dave Jackson stated the advancements make it almost impossible to submit a group to the Exchange that is not ready. This process is already in place for those agents who submit groups through eHealthApp.
- g. Agent Training (OCHS and eHealthApp)
 - i. Patty stated we needs to get agents trained by OCHS and then get trained in the eHealthApp process. eHealthApp has technology to quote in the traditional market. There is no cost to the agent if they put a group through the Exchange with eHealthApp, otherwise there is a charge for the agent.
 - ii. Full launch to eHealthApp around October 1 depending on deployment and RAB decisions.

- iii. Mark Brown verified with Patty the numbers above are only enrolled employees and not waived employees.
- h. Plan Changes
 - i. Carriers had the option to add, modify, and terminate plans. The plans with an 11/1/2011 benefit effective date are ready to go.
 - ii. Plans needed to be change for 1/1/2012 still need to be sent to Tanji for approval no later than the end of next week (September 9th). Depends on what comes in, the timeframe may change. Anything over 10% change is on a new level of review. This applies to groups submitted after September 1, 2011. Still using outside actuary and there are concerns about the timing of them.
- i. HHS Regulations
 - i. HHS released regulations in July (5 documents). Two of the documents have a deadline of September 28th to submit feedback. Patty will send the group the link to the regulations after the RAB meeting. Norm Thurston already flagged some concerns which are pointed out to review. There needs to be a consolidated report from the state. The state has a louder voice together than separate. Norm needs feedback by the end of the week (September 7th or 8th), but the sooner the better.

IV. Mark Brown with SelectHealth

- a. Risk Adjustment & Premium Allocation subcommittee report
 - i. Trying to get a call to review the APCD (All Payer Claim Database), having problems with schedules and resources.
 - ii. All carriers have received information from enrollment bswift.
 - 1. Carriers are reviewing factors and noting if changes should be made. The results need to be sent secure to John Borer by September 9th. John will then produce updated renewal risk factors for group and individual.
 - 2. He will then send this information out by the 13th. Call on Thursday September 15th to review results and come to agreement for changes in factors. They can then be fed back so renewals will be produced. This will be in place until the APCD is up and running. All carriers felt okay with this process.
 - 3. Tomasz asked how much of a change there is. Mark Brown stated All will be able to review and provide feedback by September 15th.
- Recommendation** – Use modified approach, as described, until such time when the APCD (All Payer Claim Database) is running. Mark Brown makes motion, all in favor. Motion carried.

V. Kim Miller with United Health Care

- a. Underwriting Subcommittee Report
 - i. Owner only groups

1. Still with Tanji and the Legal Subcommittee for review.
 2. Affiliates – All agreed to continue current practice
 3. Accept groups with a single wage and tax report. Multiple wage and tax forms will still need to be submitted separately and will be underwritten closely together.
 - ii. Small groups who grow to large groups
 1. The Exchange has not seen this happen yet. The group will continue coverage with the Exchange. Carriers will change the rating structure to large group.
 - iii. Next subcommittee meeting
 1. Talk about work flow changes and renewals. Provided preliminary draft to Sue Watson and Patty Conner who will review with bswift.
- VI. Dave Jackson with FirstWest Benefits
- a. Marketing Subcommittee Report
 - i. Trying to piggyback with Chamber on an event. Working to do a special event in the evening and invite small groups and agent community to learn more about exchanges and what has been accomplished. Hope to do this in the next 45 days or so. Focused on one event which will reach out to groups with the greatest impact. More details to come next month.
- VII. John Borer with PEHP
- a. Legal Subcommittee
 - i. Just getting committee up and running. All are invited but want key representatives at the meetings. Trying to tackle the Plan of Operations and House Bill 128 updates.
 - ii. Owner only groups will need to circle back with the Department of Insurance to do more work.
 - iii. Going forward, meetings will be the third Thursday of every month.
- VIII. Tanji Northrup from Utah Insurance Department (UID)
- a. No Updates
- IX. Retrospective Pooling True-Up
- i. John Borer sent out summary of settlement during meeting. The Exchange was small at that point, therefore the amounts are small. Additional check to reach out to bswift to verify enrollment count. Once confirmed, John will send out updated email. Will put this on agenda for adoption after everyone has had a chance to review. Document needs to be reviewed and approved by the Risk Adjustment Board. Perri stated RAB board was mirrored after HIPP board. Jim Pinkerton will get with Tanji to figure out how to officially handle this settlement. Lucy with HealthEquity will need information by October 24th or 25th to make manual adjustments. Lucy will send out adjustments to

carriers with note stating the adjustment will be made. Patty will send out process to Risk Adjustment Board

- X. Keely was not in attendance to provide update to the All Payer Claims Database. Norman Thruston stated they had internal discussions regarding the APCD. This will be available soon, but they still have items to iron out. Need to get together with everyone to discuss needs. Norm may need to identify resources to make the process happen and understand what everyone has and what they need. Need to get process automated since there is a lack of resources at the Department of Health.
- XI. Next Meeting will be September 27, 2011 at 1:00 pm
- XII. Meeting adjourned at 2:15 p.m.